

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/500565

FILING DATE

APPLICANT(S)

9/20/10 10/500565 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1	2	1
8			1		1	
9				1		1
10				2		1
11				1		1
12				1		1
13				1		1
14				2		2
15				2		2
16				1		1
17				1		1
18				1		1
19				1		1
20				1		1
21				1		1
22				1		1
23				1		1
24				1		1
25				1		1
26				1		1
27				10		10
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49						
50						
TOTAL IND.			2		2	
TOTAL DEP.			37		36	
TOTAL CLAIMS					38	

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
61								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								